Name In Full

Certificate of Death

Mrs A. E. R. Bennett

Died at Town: Chesapeake City County: Cecil MARYLAND

Date 1899 Month: April Day: 8 | Age Y. 69, M. D. 11 | Native of: Md | Occupation: Life,

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ of Wife Geo W Bennett decd

Father's Name Noble Beddle Mother's Name Franscena Pugh ~~Beddle~~

Cause of Death: Primary Paralysis 44 How long sick 3 yrs & 3 mo

Immediate General debility following La Grippe, ~~Accident, Suicide, Homicide~~

Reported by Dr J. V. Wallace

Address Ches. City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Theophilus I. Boddy

Certificate of Death

Died at Town: Rowlandville County: Cecil MARYLAND

Date 189 9 Month: 4 Day: 19 | Age Y.: 24 M.: 3 D.: 15 | Native of: Cecil Co Md | Occupation: Laborer

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband of
Wife

22a

Father's Name: George I. Boddy

Mother's Name: Nancy O Boddy

Cause of Death — Primary: Tuberculosis of Rt Shoulder Joint — How long sick: Two years

Immediate: Pul. Tuberculosis, Exhaustion — Accident, Suicide, Homicide

Reported by: J. F Roman Physician

Address: Conowingo Cecil Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966

Name in Full Miss Mabel A. Boyd

Certificate of Death

Dled at Town Perryville County Cecil MARYLAND

Date 189 9 Month 4 Day 7 | Age Y. 13 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 | How long sick

Immediate Muscular rheumatism | Accident, Suicide, Homicide

Reported by Cecil Demorrat 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Miles Brown

Certificate of Death

Died at Town near Rising Sun County Cecil MARYLAND

Date 189 9 Month 4 Day 22 Age Y. 62 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Neme Mother's Neme

Cause of Deeth Primary 161 How long sick

Immediete Accident, Suicide, Homicide

Reported by Cecil Whig

Address 4-29

Must be signed by physician, if any in ettendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Tobias Brown

Died at Town: Colora — County: Cecil — MARYLAND

Date 1899: Month April — Day 12th — Age: Y. 65 M. 7 D. 0 — Native of — Occupation: Farmer.

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 11

Husband / Wife of Miriam A Brown 52

Father's Name: John Brown — Mother's Name: Ann Brown

Cause of Death — Primary: Acute Myelitis of Cord. — How long sick: 5 months

Immediate: ~~General~~ Death from Exhaustion — Accident, ~~Suicide~~, ~~Homicide~~

Reported by E. D. Rowland.

Address Liberty Grove, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full Mrs. John Cann

Certificate of Death

Died at Town Fair Hill County Cecil MARYLAND

Date 189 9 Month 4 Day 21 Age Y. 68 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Rev. John Cann

Father's Name Mother's Name

Cause of Death Primary Heart Failure 155b How long sick

Immediate Accident, Suicide, Homicide

Reported by Cecil Cr. News 4-26

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Ralph C. Crouch

Certificate of Death

Died at Town: Elk Neck County: Cecil MARYLAND

Date 1899 Month: Apr Day: 22 | Age Y.: 1898 M.: Oct. D.: 20 | Native of: Md | Occupation: —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ Widower | ~~Divorced~~ | Number of ~~children~~

Husband / Wife of —

Father's Name: Thos A. Crouch

Mother's Name: Amelia E Crouch

Cause of Death — Primary: Gastro Enteritis — How long sick: 7 days

Immediate: 82

Reported by: Geo S. Pitts Crouch M.D.

Address: North East Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name In Full

Mary daily

Certificate of Death

Died at Town Chesapeake City County Cecil MARYLAND

Date 1899 Month April Day 4 | Age Y. 70 M. D. | Native of Ireland | Occupation — —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living 3

~~Husband~~ Wife of James daily

Father's Name doant no

Mother's Name doant no

Cause of Death: Primary old age 141 — How long sick 3 weeks & 4 days

~~Immediate~~ — ~~Accident, Suicide, Homicide~~

Reported by Wm B Coleman funeral director

Address Chesapeake City Cecil Co md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 7998R

Attended by Dr. W. L. Karsner made one visit
of Chesapeake City md

Seen by Coroner _____

of _____

Information contained in this certificate received from Mrs Jerome Biddle

of Ches City

Name in Full: Charles Ford

Certificate of Death

Died at: Town: N. Elm County: Cecil MARYLAND

Date 1899 Month: Ap Day: 10 | Age: Y. 70 M. D. | Native of: Cecil Co | Occupation: Brick Mother

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: John Ford

Mother's Name:

Cause of Death: Primary: Cancer

Immediate: Exhaustion

25 g

How long sick: about 6 years

~~Accident, Suicide, Homicide~~

Reported by: B. Kruse Cooper

Address: Northern

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65[illegible]

Name in Full: Samuel Philip Gordon

Certificate of Death

Died at: Town: Port Deposit; County: Cecil; MARYLAND

Date 189 9: Month: Apr.; Day: 25; Age: Y. 1 M. 7 D. 26; Native of: Maryland; Occupation: —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of / Wife of: —

Father's Name: James Clarke

Mother's Name: Hannah Gordon

Cause of Death: Primary: Pulmonary Bronchitis; Immediate: —

How long sick: 8 days

~~Accident, Suicide, Homicide~~

Reported by: D. G. Fisher M.D.

Address: Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

F Scott Gray

Died at Town Conowingo County Cecil MARYLAND

Date 1899 Month ~~4~~ Day 9 Age Y. 36 M. D. Native of Md. U.S. Occupation Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife Ella McDowel

Father's Name Wm Gray Mother's Name

Cause of Death Primary Natural 52 How long sick 2 hours

Immediate Cerebro Spinal Congestion ~~Accident, Suicide, Homicide~~

Reported by D M Ragan Md

Address Conowingo Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

John S. Hague

Certificate of Death

Died at Chesapeake City (Town) Cecil (County) MARYLAND

Date 1899 Month April Day 23 | Age Y. 60 M. 5 D. 7 | Native of Maryland | Occupation Carpenter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower ✓ | ~~Divorced~~ | Number of children living four

Husband of Wife Araminta Hague

Father's Name John Hague | Mother's Name Anna Hague

Cause of Death: Primary Apoplexy 42 | How long sick 2 years

Immediate Convulsions | Accident, Suicide, Homicide

Reported by J. W. C. Harmer

Address Chesapeake City Cecil Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Lizzie J Johnson

Certificate of Death

Died at Town: N. Elm County: Cecil MARYLAND

Date 1899 Month: Ap Day: 3 | Age Y. 29 M. D. | Native of: Cecil Co | Occupation: Housework

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Ephraim J Johnson

Father's Name

Mother's Name

Cause of Death: Primary Burns 146a | How long sick 10 hours

Immediate Shock | Accident, ~~Suicide, Homicide~~

Reported by B Hunsberger

Address N. Elm

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full R C Lewis Robert Carter Lewis

Certificate of Death

Died at Town Still Pond County Cecil MARYLAND

Date 189 4 Month 4 Day 20 | Age Y. 59 M. 9 D. | Native of Cecil | Occupation Merchant

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~ Number children living 3

Husband / Wife of Harlan Lewis Cannon

Father's Name Innis Lewis | Mother's Name Harriet Lewis?

Cause of Death — Primary: Cardiac dilatation, Valvular leakage

Immediate: Angina Pectoris

How long sick Few hours

Accident, Suicide, Homicide

Reported by J H Hanson

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name In Full: Unnamed McCoy

Certificate of Death

Died at Town: Ches & Cels County: Cecil MARYLAND

Date 1899 Month: April Day: 4th Age Y. M. D.: 2 Native of: Md Occupation: Infant

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Nathan McCoy Mother's Name: Mary Jefferson

Cause of Death: Primary: Hemorrhage from Umbilicus, How long sick: 4 hours

Immediate: 140 ~~Accident, Suicide, Homicide~~

Reported by: Dr J V Wallace

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Jas. F. McClintock

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 1899 Month 4 Day 26 | Age Y. 78 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Co. News 4-1-3

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79608

Name in Full Harriet Jane Cottingham.

Certificate of Death

Died at Town Port Tarbont County Cecil. MARYLAND

Date 189 Month April Day 22 | Age Y. 58 M. 2 D. 22 | Native of Md | Occupation H. Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ ~~Wife~~ of Morris McCottingham

Father's Name John Grant Mother's Name Mary Grant

Cause of Death: Primary Brights Disease — How long sick 4 mo

Immediate 97 — ~~Accident, Suicide, Homicide~~

Reported by H E Clemmons

Address Port Tarbont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Henry Maslin

Certificate of Death

Died at Town Warwick County Cecil MARYLAND

Date 1899 Month April Day 20 Age Y. 71 M. 0 D. 0 Native of Md Occupation Trader

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living two

Husband ~~Wife~~ of Annie Pierce 42

Father's Name John Maslin Mother's Name

Cause of Death Primary Cerebral Hemorrhage How long sick 9 Hours

Immediate Paralysis of Brain ~~Accident, Suicide, Homicide~~

Reported by J J Wright

Address Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Samuel M. Milliken

Died at Town: Cecilton County: Cecil MARYLAND

Date 1899 Month: 4 Day: 1 | Age Y. 70 M. 3 D. 17 | Native of Ireland | Occupation Merchant

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ Divorced | Number of children living 4

Husband ~~Wife~~ of Mary A. Horn

Father's Name Samil Milliken | Mother's Name Eliza Magee

Cause of Death: Primary Bright's disease, Chronic | How long sick 5 yrs.

Immediate Uremia 97 | ~~Accident, Suicide, Homicide~~

Reported by E. S. Hardcastle

Address Cecilton.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Mary Pierce

Certificate of Death

Died at: Town: Warwick County: Cecil MARYLAND

Date 1897 Month: April Day: 6 | Age Y. 1 M. 6 D. 0 | Native of: Md | Occupation: ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Charles Pierce

Mother's Name:

Cause of Death: Primary: Dentition 39a

Immediate: Meningitis

How long sick: 4 weeks

~~Accident, Suicide, Homicide~~

Reported by: J. J. Wright MD

Address: Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

William Robuts

Certificate of Death

Died at Near Cherry Hill (Town) Cecil (County) MARYLAND

Date 1899 Month April Day 2nd | Age Y. 72 M. years D. | Native of Unknown | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

Husband ~~Wife~~ of Mrs Sarah E. Robuts

Father's Name John Robuts

Mother's Name Sarah Robuts

Cause of Death: ~~Primary~~ Immediate Accident

How long sick some time

Accident, ~~Suicide, Homicide~~

Reported by Wm P. Dean Coroner

Address Elkton, Cecil Co, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name In Full

Certificate of Death

Bessie Elmira Rutter

Died at Town: Chesapeake City County: Cecil MARYLAND md

Date 1899 Month: April Day: 27

Age Y. 16 M. 6 D. 12

Native of: md

Occupetion:

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

~~Husband~~ Wife of

Father's Neme: Wm Rutter

Mother's Name: Mary Rutter

Cause of Death — Primary: Consumpsion — How long sick: 9 months

Immediate: graduley 22a — Accident, Suicide, Homicide

Reported by: Wm B Coleman

Address: Chesapeake City md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from Wm Butler & wife

of Chesapeake City, Md

Name in Full Ruth Anna Sharpless

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 1899 Month 4 Day 15 Age Y. — M. 2 D. 15 Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name Theo Sharpless

Mother's Name Leydia A Sharpless

Cause of Death Primary "Intussusception of bowels!" 86

How long sick One hour

Immediate

Accident, Suicide, Homicide

Reported by E S Rowland

Address Liberty Grove. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Emiling T. Smith

Certificate of Death

Died at Town Perryville County Cecil MARYLAND

Date 1899 Month 4 Day 9 Age Y. 71 M. — D. Native of Pa Occupation —

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

Husband of Wife —

Father's Name

Mother's Name

42

Cause of Death: Primary Apoplexy. How long sick 3 weeks

Immediate Progressive Cardiac Asthenia ~~Accident, Suicide, Homicide~~

Reported by L. G. Taylor

Address Perryville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full John W Smith

Certificate of Death

Died at Town Pleasant Hill County Cecil MARYLAND

Date 1899 Month April Day 8 Age Y. 31 M. 3 D. Native of Md Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name John Sterrett Smith

Mother's Name Emma Smith

Cause of Death Primary Bronchitis 71

Immediate Capillary Bronchitis

How long sick one week

Accident, Suicide, Homicide

Reported by O L Gifford

Address Zion Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Charles. E. Thomas

Died at Town Elkton County Cecil MARYLAND

Date 1899 Month Apr Day 5 Age Y. 3 M. D. Native of Md Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William Fisher Mother's Name Kate. Thomas

Cause of Death Primary Immediate Pneumonia. — 72

How long sick 7 or 8 days

~~Accident, Suicide, Homicide~~

Reported by W. B. Hart Undertaker

Address Elkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70999

Attended by Dr. Kinchcliff

of

Seen by Coroner

of

Information contained in this certificate re-
ceived from William Fisher

of Elkton Md

Name in Full Mrs. E Wharburton

Certificate of Death

Died at Town Bay View County Cecil Co MARYLAND

Date 1895 Month April Day 15 Age Y. 83 M. D. Native of Cecil Occupation Housework

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ ~~of~~ Wife Thomas Wharburton

Father's Name Mother's Name

Cause of Death Primary General debility 141 How long sick 4 or 5 years

Immediate ~~Accident, Suicide, Homicide~~

Reported by B Bennington

Address North Eng

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908